

FILED JUN 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

'57 0.2 2588
STATE FILE NUMBER

5448

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Mo. b. COUNTY <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital				Length of stay in lb 5 Hours			
d. STREET ADDRESS 1719 Lawrence Ave.				(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CAMMIE Middle HOLLAND Last HOLLAND				4. DATE OF DEATH Month June Day 8th Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 11 1886	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 6 Days 28 Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Teller		10b. KIND OF BUSINESS OR INDUSTRY Manufacturers Bk.	
11. BIRTHPLACE (City and state or country) Augusta, Indiana				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME James Holland				14. MOTHER'S MAIDEN NAME Adeline Corn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 488-10-2867		17. INFORMANT Beatrice Ernst Greybull, Wyoming	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Cerebral Aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 330x							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 140 A on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE Patrick J. Taylor Carmel (Degree or title)				22b. ADDRESS 300 Clark		22c. DATE SIGNED 6-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 11 1957		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.		23d. LOCATION (City, town, or county) (State) Augusta, Indiana.	
24. FUNERAL DIRECTOR A.H. Bocklage		ADDRESS 6536 Clayton Rd		25. DATE RECD. BY LOCAL REG. JUN 11 1957		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray
3749
Licensed Embalmer No. _____

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.